

Lead-Free Learning Testing Program – Drinking Water Outlet Inventory

(Complete for each building)

Name of School/Facility: _____ Address: _____

Grade Levels: _____ Year School Constructed: _____ Renovated/Additions: _____

Person conducting this inventory (name): _____ Date Completed: _____

# ¹	Type	Location	Operational (Y/N)	Signs of Corrosion ² (Y/N)	Filter (Y/N)	Brass Fittings, Faucets or valves? (Y/N)	Aerator/ Screen (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler		Comments
										Make	Model	

¹ Number the outlets beginning with the outlet closest to the Point of Entry (POE).

² Signs of corrosion detected, such as but not limited to frequent leaks, rust-colored water, or stained fixtures, dishes, or laundry.